

CERTIFICATE AMENDMENT
ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. 6a
Registered No. _____

1. PLACE OF BIRTH Apache

County Apache State Arizona
District or Township _____ or Village McMurry
City McMurry No. _____ St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Ernest Tilden Wilbur Jr.
(If child is not yet named, make supplemental report, as directed.)

3. Sex of Child male To be answered ONLY in event of plural births.
4. Twin, triplet or other _____
5. No., in order of birth _____
6. Legitimate? yes
7. Date of birth 12-30-29
Month Day Year

8. FATHER
Full name Ernest Tilden Wilbur
9. Residence (Usual place of abode) McMurry Ariz.
If non-resident, give place and state.
10. Color or race white
11. Age at last birthday 26 (Years)
12. Birthplace (city or place) Wallace Idaho
(State or country)
13. Occupation Shipping Clerk.
Nature of industry _____

14. MOTHER
Full maiden name Jo Brown
15. Residence (Usual place of abode) McMurry Ariz.
If non-resident, give place and state.
16. Color or race white
17. Age at last birthday 21 (Years)
18. Birthplace (city or place) Snowflake Ariz.
(State or country)
19. Occupation House wife
Nature of industry _____

20. Number of children of this mother 1
(Taken as of time of birth of child herein certified and including this child.)
(a) Born alive and now living X
(b) Born alive but now dead _____
(c) Stillborn _____
21. Were precautions taken against ophthalmia neonatorum? _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 11:53 P.m. on the date above stated
(If born alive or stillborn)
Signature Dr. S. Sharp M.D.
(Physician midwife)

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.
Given name added from a supplemental report _____
Month, day, year _____
Address _____
Filed Jan 9, 1930 H. A. McMurry
Registrar _____

049-1236-125